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## BIB DATA SHEET

CONFIRMATION NO. 4133

<b>SERIAL NUMBER</b> 10/726,172	<b>FILING or 371(c) DATE</b> 12/02/2003 <b>RULE</b>	<b>CLASS</b> 135	<b>GROUP ART UNIT</b> 3636	<b>ATTORNEY DOCKET NO.</b> 998_001CIP	
<b>APPLICANTS</b> Roger H. Hamilton, Syracuse, NY; Peter G. Jordan, Syracuse, NY; <b>** CONTINUING DATA *****</b> This application is a CIP of 10/037,207 01/04/2002 PAT 6,672,321 * (*)Data provided by applicant is not consistent with PTO records. <b>** FOREIGN APPLICATIONS *****</b> <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** ** SMALL ENTITY **</b> 03/02/2004					
Foreign Priority claimed <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No 35 USC 119(a-d) conditions met <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Verified and Acknowledged <u>/WINNIE S YIP/</u> Examiner's Signature	<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> NY	<b>SHEETS DRAWINGS</b> 3	<b>TOTAL CLAIMS</b> 13	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> MARJAMA MULDOON BLASIAK & SULLIVAN LLP 250 SOUTH CLINTON STREET SUITE 300 SYRACUSE, NY 13202 UNITED STATES					
<b>TITLE</b> Oxygen bottle carrier appliance					
<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		